



State of New Jersey  
DEPARTMENT OF LAW AND PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS  
STATE BOARD OF VETERINARY MEDICAL EXAMINERS  
124 HALSEY STREET, 6TH FLOOR, NEWARK NJ

CHRISTINE TODD WHITMAN  
Governor

February 3, 1999

File #97-68  
Edward Smith

PETER VERNIERO  
Attorney General  
MARK S. HERR  
Director

Mailing Address:  
P.O. Box 45020  
Newark NJ 07101  
(973) 504-6500

Malachy Coyle, MVB  
Hillside Animal Hospital  
1148 Liberty Avenue  
Hillside, NJ 07205

Dear Dr. Coyle:

This is to advise you that the Board of Veterinary Medical Examiners has received and reviewed certain information regarding activity in which you were engaged as a Board licensee. The Board's initial review discloses what appears to be a violation of N.J.S.A. 45:1-21(c) in that you engaged in gross negligence, and N.J.S.A. 45:1-21 (e) in that you engaged in professional misconduct [2<sup>nd</sup> offense] during your treatment of Mr. Smith's cat Theodore.

You are hereby offered the opportunity to settle this matter and avoid the initiation of formal disciplinary proceedings by signing the enclosed certification and paying a civil penalty of \$5,000.00. Alternatively, you may wave your right to a hearing and submit a written statement or explanation to the Board. The Board will then consider this statement and render a final decision. You may also request a hearing in which case the matter will be scheduled, and this notice will serve as a complaint. At the hearing you may, either personally or with the assistance of an attorney, submit such testimony or other evidence as you may deem necessary in order for the Board finally to determine whether the unlawful acts set forth herein have been proven.

You should also be aware that upon final evaluation of the evidence submitted at the hearing, the Board may, if unlawful acts are found to exist, assess civil penalties in an amount greater than that herein offered in settlement. Additionally, the Board may, if the facts warrant, to enter an order requiring the restoration of any monies acquired by unlawful acts, the payment of costs and directing that you cease and desist from

continued use of those acts found to be lawful.

The enclosed certification must be returned to the Board with your indicated course of action within ten (10) days following receipt hereof. In the event that the Board receives no response within ten (10) days, the Board, at its meeting of February 24, 1999, will consider you in default, the allegations contained herein shall be deemed admitted, and the Board will proceed to review finally this matter and enter appropriate final order.

Yours very truly,

*Vincent Buonanno*

VINCENT BUONANNO  
Assistant to the  
Executive Director

Enclosure  
pc: Smith

CERTIFIED MAIL/C.R.R.R.

Z 116 417 025

US Postal Service

**Receipt for Certified**

No Insurance Coverage Provide

Do not use for International Mail

Sent to MALACHY CO HILLSIDE A.H.	
Street & Number 1148 LIBERTY	
Post Office, State, & ZIP Code HILLSIDE, NJ	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date 2.4.	

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

**FILED**

**FEB 08 1999**

**BOARD OF VETERINARY  
MEDICAL EXAMINERS**

**3. Article Addressed to:**

MALACHY COYLE, MVB  
HILLSIDE ANIMAL HOSP.  
1148 LIBERTY AVE.  
HILLSIDE, NJ 07205

**5. Received By: (Print Name)**

**6. Signature: (Addressee or Agent)**

X

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
  - 2. ☐ Restricted Delivery
- Consult postmaster for fee.

**Article Number**

Z 116 417 025

**4b. Service Type**

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

**7. Date of Delivery**

2/5/99

**8. Addressee's Address (Only if requested and fee is paid)**

Thank you for using Return Receipt Service.

PS Form 3800, April 1995

## CERTIFICATION

I have received the Board's letter dated 2/2/99  
regarding the alleged violations of the Board's enabling act and/or Board regulations.

Please check one:

✓ The allegations set forth therein are acknowledged, and I enclose  
herewith a check in the amount of \$ 5000 payable to the  
Board of Veterinary Medical Examiners. Assurance is given that the  
conduct alleged in the notice will not continue or recur.

       I hereby waive any right which I may have to a hearing in this matter  
and submit a written statement for the Board's final consideration in  
this matter.

       A hearing on this matter before the Board is hereby requested. The  
Board may, however, refer this matter to the Office of Administrative  
Law for hearing.

File Number: 97-68

T. M. H. C.  
(signature)

Date: 2/2/99